of infor-PHYSICIANS should state Exact statement of OCCUPA-Every item ECORD stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be pe CAUSE OF DEATH in plain terms, so that it may N. B.-WRITE PLAINLY,

V. S. No. 1

1. PLACE OF DEATH	12212
County St. Marys	Registration Dist. No. 287
Village or City Great Prills	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Cand	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5e. If marriad, widowad, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	Oct. 18, 1931 to Oct 23, 1931
6. DATE OF BIRTH (month, day, and year) Cothe 8 - 1850	I last saw harmalive on Oct 23 1931; daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated abova, et / 1.30 A.m.
8/ 10 ormin.	wera as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	Gerebral Thrombour 1918 31
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data daceasad last worked at this occupation (month and	
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc	-
yeer)	Othar Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Afairs fairs	
	- Endecandition unhuman
4. BIRTHPLACE (city or town) Mary face (Steta or country)	Nema of operation
15. MAIOEN NAME Wary Onn Boll	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) 18.	Accident, suicide, or homicide? Date of injury, 19
(State or country) Maryland	Where did injury occur?
17. INFORMANT 2000 S. Dyson (Addrass) Gosaf Myson and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Holan Fract Towns late Och 20, 19.31	Nature of injury
19. UNDERTAKER Topsa : 6. Mattington Address) Leggar atour Had	24. Was disaase or injury in any way ralated to occupation of decaesad? If so, spacify
20. FILEO Oct 24, 19.31 Palase Registrar.	(Signad). Quat Mills, Mid.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	,	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH
Par in a	Registration Dist. No.
Village or City Reastons (No. 2FULL NAME James La	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR MACE 5 SINGLE, MIGHE MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw be alive on Of-2 192/,
7 AGE yrsmosds. [If LESS than 1 dayhrs. ormin.?	and that death occurred on the date stated above, at Am. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Manual 9	Sastro-enterities: two or three weeks curgos mos do. Contributory Improsper factings
10 NAME OF FATHER Markey Bisler 11 BIRTHPLACE OF FATHER (State or country) Reasons Med	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 12 MAIDEN NAME OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Informant) JEWN FORA OLI MASSES (Address) Reason Asses Masses Masses (Address)	19 PLACE OF BURIAL OR/REMOVAL DATE OF BURIAL SEA HOLOGO D., 1951.
Filed Oct 5 1931 Py Bear Mit	20 UNDERTAKER Haris Jasto sende
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

19913

(Approved by U. S. Census and American Public Health Association.)

er," etc., willioner, Laborer-laborer, Farm laborer, Laborer whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomolive engineer, cupation is very important, so that the relative health-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation -Coal mine, etc. 6) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Exhaustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJURY cough; "Heart failure," "Haemorrhage, Chronic etc. The contributory valvular heart disease; Nomenclature of the Always qualify all Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County H. Maux	CERTIFICATE OF DEATH
	Registration Dist. No. 286
Village or City Oakley (No.	
Village or City () (No(No	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Cecelia Bige	law stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Calare 2 5 SINGLE, MARRIED, Warried OR DIVORCED (Write the word)	16 DATE OF DEATH OF \$ 1931 act (Month) & (Day) 193/(Year)
b date of Birth July 14, 1905	
(Month) (Day) (Year)	
7 AGE 26 yrs. 2 mos. 2 4 ds. or mir	rs. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	acute endocardetis,
(b) General nature of industry business, or establishment in	(Durstion) via 2 mos 8 de.
which employed or (employer)	- Contributory Branchial Preumonia
9 BIRTHPLACE (State or country) May land	Secondary (Duration) yrs
10 NAME OF Mades Rustin	(Signed) alayours C. Welch M. D.
11 BIRTHPLACE OF FATHER (State or country) Wangland	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER WALL LICENT	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country) Manyane	At place of deathyrsmosds. In the State,yrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Cara Rastin	Former or usual residence
(Address) Oakley Ma.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Sould Heart June 193/
15 Filed 10 - 10 1981 W. Caluw	20 UNDERTAKER ADDRESS
Registrar	Welleten Reaphed Mo
If more branks are needed, address State Regist	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as real laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Civil engineer, Physician, Compositor, Architect, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons who have no occupation (b) Stationary fireman, etc. But in many Automobile factory. The Locomotive engineer, 6 materia Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease stated unless important. as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Recommendations on statement of cause of death (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic Example: Measles (disease ," "Coma," "Convulsions, affection need not be etc. The contributory valvular heart Nomenclature Always qualify all Measles ; disease;

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N. B.

Exact

PLACE OF DEATH County Masy	STATE OF MARYLAND CERTIFICATE OF DEATH
12.6	Registration Dist. No. 1280
Village or City Mage (No. 2FULL NAME Sexander Ran	St.: Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MICHORED OR DIVORCED (Write the word)	16 DATE OF DEATH Oct 20 , 198 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended the deceased from 135 / to 2 , 192/, that I last saw h an alive on OCT 3 , 192/,
7 AGE S-6 yrs. 9 mos. 2 ds. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) (Address) 15 Filed 16 OCT 20 19231 2 E Birch	Contributory Secondary (Duration) (Signed) *State the Disease Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS
Filed (CCL 20 1923) Z. E. Burch Registrar	Esnest Robinson Dameson

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housecases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Colton mill; (a) Solesman, without more precise specification as Day For persons who have no occupation (b) Automobile foctory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. American Medical Association.) approved by letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJUKY cough; Committee on Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature Measles ;

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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(19)
County A Mays'	Registration Dist. No.
Village or City Mechanicarucele (If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Coefficie Vere (a) Residence: No. (Usual place of abode)	CSt, Mayard foreinveile If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6 DATE OF RIPTH (month day and year) by 6 7 - 6939	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	I last saw h green of 19.8 (; death is said to have occurred on the date stated above, at 12 Im
3 /3 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Aule Colehs
Date deceased last worked et this occupetion (month end year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Autorber trad
13. NAME Lewis Butter	The state of the s
14. BIRTHPLACE (city or town) Md	Name of operation
(State of country)	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Lawa forkshine 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Lewis Bucker.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Machanisalle	,
18. BURIAL, CREMATION, OR REMOVAL Place Dt Los uplo Date Och 2.3., 19 3.1.	Manner of injury
19. UNDERTAKER Elever Jurbon -	24. Was disease or injury in any way related to occupation of deceased?
(Address) meeffammella	(Signed) Jeom J Jackson M. D.
20. FILED Och 2 1- 19 J. J. Lover J. Volton	(Address) Colorle Ifaa

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dest Birth Cerliferale, filed weder Mile,

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-ECORD. Every item of infor-N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

Length of residence in city or town where deeth occurred yrs mos. ds How lost 2. FULL NAME # access & 13 after (a) Residence: Np. Mechanism St., W (Usual place of abode)	Registration Dist. No. 284 St., Ward spital or institution, give its NAME instead of street and number) Ing in U.S. if of foreign birth? yrs. mos. ds. Vare. If nonresident give city or town and State
Village or City Plan Machanesula. (If death occurred in a hor Length of residence in city or town where deeth occurred yrs. mos. ds. How lor 2. FULL NAME (a) Residence: No. Machanesula St., W (Usual place of abode)	St., Ward spital or institution, give its NAME instead of street and number) Ing in U.S. if of foreign birth?mosds.
2. FULL NAME # aucio X . 13 utler (a) Residence: ND. Me et aucrocido St., W (Usual place of abode)	lard.
(Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS MEI	The mean art cary of town and plate
	DICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word) OR DIVORGED (write the word)	DEATH Month) (Day) (Year)
(or) WIFE of	EREBY CERTIFY, That I attended deceased from
C. DATE OF BIRTH (HIGHIN, day, and yeer)	elive on OCL 2 (, 1991; death is said the date stated above, at 4 Pe m.
6 11 2 1 Iday, hrs. The PRINCIPAL CAI were as follows:	USE OF DEATIf and related couses of importance Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and spent in this pocuration (month and spent in this securation (month and spent in this securation (month and spent in this securation).	sord fire
year) occupation	Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Courte of Importance.
13. NAME & Ever 1 Juster	
(State or sounts)	diagnosis? — Was there an eutopsy? —
15. MAIDEN NAME Laura Jortesheri 23. If death wes due t	to external causes (VIOLENCE) fill in elso the following: homicide?, 19
P - B - I - I	(Specify city or town, county and State) Jry occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St for 4th Date D 423, 1931. Nature of injury	
19. UNDERTAKER Eliner Crown 24. Was disease or in (Address) 1f so, specify	njury in any way related to occupetion of deceased?
20. FILED Och 22, 1931 Leven Joseph (Signed) (Address	s) afrain Hace M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the same of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TO LEAD V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

15

Filed oct 14 1921

Exact

-	PLACE OF DEATH	
	County I many	E
	Village or City Mechanics rule (No.	-
	2FULL NAME William Gustan	1
	PERSONAL AND STATISTICAL PARTICULARS	
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED. WIDOWED. (Write the word)	
1	6 DATE OF BIRTH	
	(Month) (Day) (Year)	
	7 AGE If LESS than 1 day hrs. 9 ds. or min.	
-	8 OCCUPATION (a) Trade, profession or particular kind of work	
1	(b) General nature of industry business, or establishment in which employed or (employer) Lulurer	
	9 BIRTHPLACE (State or country) Manulane	
	10 NAME OF FATHER CLASSIC CONTRACTOR	9
	II BIRTHPLACE OF FATHER (State or country) I2 MAIDEN NAME	7
	of Mother ama Baines	-
	13 BIRTHPLACE OF MOTHER (State or Country)	10 1
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	i
	(Informant) Elgeor Cooper	1
	(Address) Me haumonele	

12217

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 284

Caofee	(If death occurred In a hospital or institu- tion, give its NAME i stead of street and number.)
MEDICAL CERTIFICATE O	F DEATH
	13 , 198/
and that death occurred on the date stated of the CAUSE OF DEATH * was as follows: Chrehad Keman	
Contributory Csochal Secondary (Durstion) (Signed) Alay O, We	yre mos 20 de. Hyfertenson yre mos de.
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju	or, In deaths from ury and (2) Whether
Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	als, Institutions, Trans-
At place In the State	yrsmosds.
Where was disease contracted, if not at place of death?	
Former or usual residence	***************************************
19 PLACE OF BURIAL OR REMOVAL	Oct 15, 193/
20 UNDERTAKER	Mechanismille

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Uraemia," "Weakness, (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse, (name origin; "Cancer" is less definite; avoid Committee on Chronic valvular heart disease; ," etc., when a definite disease Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registra

		Registration	Dist. No. 2 8	SV
No.			St	War
	a horpital or institu	ution, give its NAM	IE instead of street and	
- Ho-Ho	w long in the Sail	of foreign birth?	yrs	mos d
yours.				
0 .	7'			
_St.,	Ward.	ff nonresiden	t give city or town a	nd State
N. A.	MEDICAL C		E OF DEATH	or Diale.
21. DATE C		A	L OI DEATH	
ZI. DATE	T DEATH	Oal.	>	. 193 /
		(Month)	(Day)	(Yoar)
I last saw hau	6	Della	That I attende	1931
		TH and related cau		
were es follows		1 1		Date of onse
Auros	eulde	-1).	unys.	
			L	

Other Coutribut	ory Causes of Imp	ortance:		
Flu	un lo	er 198	D	
Neme of opereti	ion		Date of	
traine or operati				
What toot confir	med diagnosis:			
Whet test confir				
23. If death was o	due to external ca	uses (VIDLENCE) 1	fill In also the followi	ng:
23. If death was o	due to external ca	uses (VIDLENCE) 1		ng:
23. If death was of Accident, suicide Where did injur	due to external ca e, or homicide? y occur?	uses (VIDLENCE) 1	fill In also the followi	ng: , 19
23. If death was of Accident, suicide Where did injur	due to external ca e, or homicide? y occur?	uses (VIDLENCE) 1	fill In also the followi	ng: , 19
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23. If death was of Accident, suicide Where did injur	due to external ca e, or homicide? y occur? r injury occurred i	uses (VIDLENCE) 1	fill In also the followi	ng: , 19
23. If death was of Accident, suicid Where did injury Specify whether Manner of Injur	due to external ca e, or homicide? y occur? r injury occurred i	uses (VIDLENCE) ((Specify city o in INDUSTRY, in H	fill In also the following the following the following the following town, county and State of the following the f	ng: , 19
23. If death was of Accident, suicid. Where did injur. Specify whether Manner of Injur. Nature of Injury	due to external ca e, or homicide? y occur? r injury occurred i	uses (VIDLENCE) ((Specify city o In INDUSTRY, In H	fill in also the following the following the finjury town, county and SOOME, or in PUBLIC for the fill in the fill	ng: , 19
23. If death was of Accident, suicid Where did injury Specify whether Manner of Injury Nature of injury 24. Was disease	due to external ca e, or homicide? y occur? r injury occurred i y	uses (VIDLENCE) ((Specify city o In INDUSTRY, In H	fill In also the following the following the following the following town, county and State of the following the f	ng: , 19
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23. If death was of Accident, suicid Where did injury Specify whether Manner of Injury Nature of injury 24. Was disease	due to external ca e, or homicide? y occur? r injury occurred i y	uses (VIDLENCE) ((Specify city o In INDUSTRY, In H	fill in also the following the following the finjury town, county and SOOME, or in PUBLIC for the fill in the fill	ng: , 19

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

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Strtement of Cause of Death—Name, first, the DISEANE CAUSE OF CAUSE OF DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: (*erebrosphal** fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid lelanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY by Committee on or intercurrent) Chronic Example: Measles (disease valvular heart disease; affection need not be etc. The contributory Nomenclature of the Measles ;

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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County St. Way	CERTIFICATE OF DEATH
	Registration Dist. No. 286
Village or City Williams (No.	St.: Ward) a hospital or institu
2FULL NAME / Cebeora	Siles stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED L. QUE VIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH / 0 - 2 6 - , 198 /
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
2 (.187)	10-26- 1921.010-26- 1921
(Month) (Day) (Year)	that I last saw he slive on 10-26- 1981.
7 AGE If LESS than	and that death occurred on the date stated above, at 4.3.0. m.
63. C 9 l day hrs.	The CAUSE OF DEATH * was as follows:
54 yrs. 8 mos. 25 ds. or min.?	Plomaine plane
(a) Trade, profession or //	due a E de 1
particular kind of work to ce see -	hos amas
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Durstion) yrs mos de
9 BIRTHPLACE (State or country)	Contributory Contr
(State of Country)	(Durstion) yrsmosds.
FATHEROUSE Line Transe 11:01	(Signed) JUN.V. Jalum M. D.
11 BIRTHPLACE	(0-1)-1981 (Address)
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violeat Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother agan Ellin Cullins	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the of deathyrsmos,ds. Stateyrsmosds.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Denge Geles	Former or usual residence
(Address) areure	Secretary 10-28-, 1931
Filed 10-27 198 1 N Galenna Registrar	DC. Welch chopies und
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs). additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. cases, especially in industrial employments, it is necesreport specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter. or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Collon mill; (a) Salesman. without more precise specification as For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (6)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,"

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> "Iraemia," "Weakness," etc., when a definite disease Whooping American Medical Association.) (Recommendations on statement of cause of death (secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on cough; or intercurrent) affection need not be Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT XECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY

V. S. No. 1

1	STATE (OF MARY	LAND-	CERTIFICATE	E OF DEA	TH	
1. PLACE OF	DEATH	,		89-a		1	2221
County S	mary	6			Registration	Dist. No. 28	U
Village or Ci	ty Prost	Hace	and (11	No. death occurred in a horpital or in	nstitution, give its NAMI	St.,	Ward
Length of resid	dence in city or town where	deeth occurred	yrs,mos	ds. How long in U.S	. if of foreign birth?	yrs	mos ds.
2. FULL NAM	ME Lucy L	In pu	ue 7	rdford			
(a) Residence	ce: No. Pop	(Usual place o	(f abode)	_St., _ Ward.	If nonresident	give city or town a	nd State
	AL AND STATIST			MEDICAL	CERTIFICATE	OF DEATH	
1. SEX Lessale 5e. If married, widowe	4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEAT	H Oel, (Month)	(Day)	, 193 / (Year)
HUSBAND of (or) WIFE of	su, or divolces	7		22. I HERE	BY CERTIF	Y. That I altende	ed deceased from
6. DATE OF BIRTH () 7. AGE Year	month, day, end year)	ph. 16 Days	If LESS than 1 day, hrs.	I last saw h 2 alive on to have occurred on the date: The PRINCIPAL CAUSE OF D were as follows:	stated above, at	o,m,	/_; death is said
SAWYER,	sion, or parlicular ork done, es SPINNER, BODKKEEPER, etc	naue		apresed in	ion, e	uvei al	Date of onset
10. Date decease this occup	d last worked at pation (month and	ochup	ne (years) t in this netion	Other Contributory Couses of	importanca:		
12. BIRTHPLACE (city (State er coun		fall 1	nd				
13. NAME LE	v. V. 71	devor					
14. BIRTHPLACE		Hull		Neme of operation	_	Date of	
	5	or M	incles.	What test confirmed diagnosis		Was there a	
15. MAIDEN NAM 16. BIRTHPLACE (Stete or 17. INFORMANT	(city or town)	A mie	rhe	23. If death was due to exteroal Accident, sulcide, or homicide Where did injury occur?	?(Specify city or	Date of injury	, 19 itate)
18. BURIAL, CREMATI	DN, OR REMOVAL	Date O.T.	22,1931	Menner of injury			
19. UNDERTAKER (Address)	Per Ign	Hal Hal	nd me	24. Wes disaase er injury in en	ny wey related to occupe	etion of deceased?	no
20. FILED 8 %.		1 Dags	Registrar.	(Signed)	10	hery	mg M.D.
	If more	blanks are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimore	, Requesting V. S. No.	I.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contribute and Charles			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

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D. Eve	SICIA	tateme	
ECOR	PHY	xact s	
	LY.	Ξ.	
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT ECORD. Every item of infor	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	
PER	EX	ly cl	ate.
IS A	stated	proper	ertific
HIS	pe	pe	of
VK-T	should	it may	TION is very important. See instructions on back of certificate.
ING I	AGE	that	tions o
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 12222
1. PLACE OF DEATH	(107-0)
County At Many	Registration Dist. No. 287
Village or City leaves	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(it	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos, ds.
2. FULL NAME Joseph Land Joh Garden	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	matter and
6. DATE OF BIRTH (month, day, and year) Jan 10, 1230	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Ze 3 f Am.
/ 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
& Trade, profession, or particular	Oak Of Office C
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	Groneho aneumoria 16/19/21
work was done, as STLK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Decases	Other Coutributory Causes of Importence:
(State or country)	
법 13. NAME	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Christine Gooden 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
(State or country)	Whera did Injury occur? (Specify city or town, county and State)
17, INFORMANT Analy Johnson (Address) Reason Mad	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dt Micheles Date Oct 22, 1931	Nature of Injury
19. UNDERTAKER Thomas Harris	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Jantonarella mol	If so, specify
20. FILED Get 11., 1931 Gy Bankon. Registrar.	(Signed) M. D. (Address) great thilly local

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. classifi (If death occurred in a hospital or Institu-tion, give its NAME is-stead of streat and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 6 DATE OF DEATH MARRIED. ay be WIDOWED. OR DIVORCED (Write the word) (Month) (Pay) (Year)... 6 DATE OF BIRTH 17 HEREBY GERTIFY. That I attended the deceased structions (Month) (Day) (Year) IIfLESS than 7 AGE and that death occurred on the date stated abova, at I day hrs. The CAUSE OF DEATH * was as follows: or min.? 2 8 OCCUPATION te (a) Trade, profession or particular kind of work a (b) General nature of industry d business, or establishment in (Duration) 5 which employed or (employer) mport Contributory 9 BIRTHPLACE Secondary (State or country) be EA OB 10 NAME OF 34 0 11 BIRTHPLACE OF FATHER ENT the Disease Causing Death, or, In deaths from SON Violent Causes, state (1) Means of Injury and (2) Whether 101 (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME OC. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER nform state CCUP/ ients or Racent Residents) 13 BIRTHPLACE At place OF MOTHER of deathyrsmos. 6 (State or Country 00 Where was disease contracted, if not at place of death?..... Every item CIANS sho statement Former or usual residence (Informant) (Address 20 UNDERTAKER ADDRESS If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Reguasting V. S. No. 1.

BINDIN

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. the first line will be sufficient, e. g., Farmer or Planter, Foremon, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm loborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile foctory. The material 6 also (b) the Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury Examples: Accidental drowning; Struck by railwoy train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valualar heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-Example: Measles (disease Measles; etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

DOUGH STANKE STANK	infor- state UPA-	STATE OF MARYLAND—	on Film 6110 - 7/24/47
Village or City Ward and State Moving in U.S. if of foreign birth? 2. FULL NAME (a) Residence: No. (Usualphee of abods) 3. SEX 4. COLOR OR RACE 5. SINGLE, MARKEED, WIDOWED 5. SI. Ward. 1. Today 1.		1/1	# 1 t tt # # 1 t T T T T
Length of residence in city or town where death occurred	shou of		
So. II metriate, widowed, or diversed on Divorced Construction for the word) 55. II metriate, widowed, or diversed on Divorced Construction for word on Divorced Construction f	= 0	(If Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mos,ds,
So. II metriate, widowed, or diversed on Divorced Construction for the word) 55. II metriate, widowed, or diversed on Divorced Construction for word on Divorced Construction f	Sver	2. FULL NAME Bennie Harris	
So. II metriate, widowed, or diversed on Divorced Construction for the word) 55. II metriate, widowed, or diversed on Divorced Construction for word on Divorced Construction f	SIC state	(a) Residence: No.	
DUTUTE STATE AND STATE OF BIRTH (month, day, and year) S. DATE OF BIRTH (month, day, and year) S. SAW MILL BARK (with Company) S. DATE OF BIRTH (month, day, and year) S. DATE OF BIRTH (month, day,	PHY ct s		
Sa. If merried, widowed, or divorced HUSBAND of (a) VIFE of GAMERICA SAMPHIC, Sales of HUSBAND of (b) VIFE of GAMERICA SAMPHIC, BANK, etc. Sa. If merried, widowed, or divorced HUSBAND of (c) VIFE of GAMERICA SAMPHIC, Sales of HUSBAND of (c) VIFE of GAMERICA SAMPHIC, BANK, etc. Sa. DATE OF BIRTH (month, day, and year) Seat 1 to 1896 7. AGE Years Months Day, If LESS than I day, hts. or min. Sa. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: Date of Sales of Oak Greated state worked at this occupation (month and Man 1931) occupation. Date of Law, and the Company of Causes of Importance: 12. BIRTHPLACE (city or town). (State or country) Many Law, and year) Many Law, and year) Many Law, and year) Many Law, and year of Law, and	Y. Exa	on Divoncen (in the word)	10 - 1/1
BE THE CONTRICT AND THE	TL Ed.	5a. If merried, widowed, or divorced Separated 192	(Month) (Day) (Year)
BE THE CONTRICT AND THE	DIN IAN A C	(or) WIFF of	
A C T S S S S S S S S S S S S S S S S S S	H H	6. DATE OF RIRTH (month, day, and year) Sent 10 1896	0 4 1- 01
SHAPER BONKEEPER etc. Showers Bonkeeper etc. Industry or business in which work done, as SPINNER, SAWYER BONKEEPER etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business of importance: It as IRTHPLACE (city or town) (State or country) Material Manuer of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Industry or business in which work done as SPINNER. What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Say Industry or business of importance: Indust	R F F ed led leerly ficat	7. AGE Years Months Days If LESS than	
SHAPER BONKEEPER etc. Showers Bonkeeper etc. Industry or business in which work done, as SPINNER, SAWYER BONKEEPER etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business in which work done as SIK MILL. SAW MILL BANK, etc. Industry or business of importance: It as IRTHPLACE (city or town) (State or country) Material Manuer of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Industry or business in which work done as SPINNER. What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Say Industry or business of importance: Indust	FO]	7 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: Date of onset
WATER AND A STATE OF THE PROPERTY OF THE PROPE	- 03 -	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	Pelman Telenalogia Marila
Description occupation Descri	VETI III	9. Industry or business in which work wes done, as SILK MILL,	
Description occupation Descri	SEF NK- sho it n it n	10. Dato decayantian (worked at 1.	
Name of operation. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR BEMDVAL Place 19. UNDERTAKER 19. UNDERTAKER 24. Was disease or injury In any wey related to occupation of deceased? 24. Was disease or injury In any wey related to occupation of deceased?	RE IG I IGE I I I I I I I I I I I I I I I	year) occupation	Dther Contributary Causes of Importance:
Name of operation. Name o	F-1 1 1000		
Name of operation. Name o	RG.	II 13. NAME Henry Hanni	
What test confirmed diagnosis? Was there an autopsy? Is. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	TA Up	14. BIRTHPLACE (city or town)	Name of operation
23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury	Ting .	(State of country)	What test confirmed diagnosis?
Where did Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury Neture of Injury 19. UNDERTAKER 1	refu in	I IS. MAIDEN NAME Comme Torrell	
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece At Character Coeffs, 19.3/ 19. UNDERTAKER Example Robertain 19. UNDERTAKER Example Robertain 24. Was disease or injury In any wey related to occupation of deceased?	A TH	S (State or country) Maryland	Where did Injury occur?
Plece A The Constant Conf. 19. Wheter of Injury In any wey related to occupation of deceased? 24. Was disease or injury In any wey related to occupation of deceased?			(Specity city or town, county and State) Specity whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Plece 1 Plece 1 Plece 1 Plece 2 Plece	Sho Sho	18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
		Place At the constant water 15, 13 3/	^
20. FILED. Oct 14, 1931 Pysion In Signed) (Signed) (Address) Great mills, and			(Signed) M. D.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUPPAU V S			
Other contributory causes of importance: ~		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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1.00	-	~	,40	17	

1. PLACE OF DEATH	(131)
County St many	Registration Dist. No. 287
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.
	Ct. Word
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Color	21. DATE OF DEATH (Month) (Oay) (Year)
HUSBANO of (or) WIFE of Emily armstrong Haws 6. DATE OF BIRTH (month, day, and year)	1 HEREBY CERTIFY, That I attended deceased from land land land land land land land land
7. AGE Yeers Months Days If LESS than 1 day, hrs.	to have occurred on the dete stated above, at 9 Am. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	Chronic Valorden Heart Disense 1927
10) Oate deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME	Other Contributory Causes of importance: Intraction Regularities 1936
14. BIRTHPLACE (city or town) (State or country) Manyland	Name of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place At Return Country 19. Cou	23. If death was due to externel ceuses (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
19. UNDERTAKER Great Robinson (Address) Demonstration and Description of the Registrar.	24. Was disease or injury in any way related to occupation of deceased? 20. If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	9	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
[ASBEDAU 7.8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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PLACE OF DEATH County Many	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.			
Village of the Nally urrd No. 2FULL NAME HELEU FERESO	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Och 5 , 1993/ (Mouth) (Day) (Year)			
6 DATE OF BIRTH NOV. 17 , 1930 (Month) ((Day) (Year)	i HEREBY CERTIFY, That lattended the deceased from 1921. to 5, 1925/ that I last saw h lallye on Oct 5, 1925/			
7 AGE yrs. /0 mos. 2 3 ds. lf LESS than I day hrs. or min.?	and that death occurred on the date stated above, at ZP m. The CAUSE OF DEATH * was as follows:			
8 OCCUPATION (a) Trade, profession or particular kind of work	Claude Mellio-Collis			
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos Cas.			
9 BIRTHPLACE (State or country) Md	Contributory Secondary (Duration) yrs			
10 NAME OF Supratures . Jry	(Signed) frank al Querealier M. D.			
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.			
of MOTHER Freasa J. Hum	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)			
OF MOTHER (State or Country)	At place of deathyrsnosds. In the Stateyrsds.			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?			
(Informant) Squaring of Jry (Address) Halley revol)	Former or usual residence			
Filed / Of 8 19231 (Yeccale Registrar	20 UNDERTAKER Weatheref Horeardon			
if more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "(Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, American Medical Association.) Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease etc. The contributory Nomenclature need " Shock," not be

"If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LN WITH UNFADING INK--THIS IS A PERM WRITE PL

MARGIN RESERVED FOR BINDING

V. S. No.

PLACE OF DEATH County Many (23)	12227 STATE OF MARYLAND CERTIFICATE OF DEATH
the state of the s	Registration Dist. No. 280
Village or City Udd (No	St.: Ward) St.: Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
feynale black Single, married widowed. feynale black (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Oct Careful 9/2 (Month) (Day) (Year)	that A last saw has alive on the last saw ha
7 AGE 19 yrs. 10 mos. 2 0 ds. or min.?	and that death occurred on the date stated above, at Sm. The CAUSE OF DEATH * was as follows: Sulvivorsary furbiculous
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Dyrstion)yrsdosds_
9 BIRTHPLACE (State or country) Alary & Co. Mc.	Contributory Sulmon very hemorks Secondary Duration) yre 20 minut
FATHER John H Langly:	(Signed) M. D. Oct 20 1987 (Address) mondelm
OF FATHER (State or country) Mary to Mid.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Cusif James, 13 BIRTHPLACE OF MOTHER (State or Country) State of Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transienta or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) form A Langly	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Addréss) MOGO FILA. 15 Filed all 20 19231 E-E Birch Registrar	20 UN DERTAKER CLANNE LOST, 1931 ADDRESS LOSINSON Lameron
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Never return "Laborer," "Foreinan," "Manager," "Dealworked on may form part of the second statement. borer, Farm laborer, Laborer—Coal mine, etc. Wom-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Example: Measles (disease etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

W iso	PLACE OF DEATH	12228 STATE OF MARYLAND
PHY	County of Mary	CERTIFICATE OF DEATH Registration Dist. No. 262
T CORD ated EXACTLY operly classific	Village of City Comfo (No. 2FULL NAME Charles Mack	St.: Ward) (If death occurred is a hospital or Institution, give its NAME is stead of street an number.)
ated oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
be st	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED. HENRY OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
ERM thoul	6 DATE OF BIRTH (Month) (Day) (Year)	that 1 last saw h manalive on AT AT AT AT A 1921
HIS IS plied. A ms so the matructi	7 AGE If LESS than I day hrs. or min.?	
ully supp plain ter	(a) Trade, profession or particular kind of work wallsman (b) General nature of industry business, or establishment in	A ((Durstion) yrs mos S ads
FADING be caref EATH In Importa	which employed or (employer) 9 BIRTHPLACE (State or country) 47 Morto la mod	Contributory Contributory Secondary (D) Salion) yes mos de
Should Should Is very	10 NAME OF FATHER Chan Mack	(Signed) M. D. M.
ation s CAUS TION	OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
f informad state	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Level 1000	Is LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
Item of S should ment of	(Informant) Willis Swad	Former or usual residence
W.F. Every BEvery BE	(Address) Conflor Ind	20 UNDERTAKER ADDRESS 20 UNDERTAKER ADDRESS
Ž	If more bianks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal minc, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease approved by telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as Committee on Nomenclature of the Example: Measles (disease Measles ;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12229
1. PLACE OF DEATH	210 9
County St Marys	Registration Dist. No. 2 & 7
Village or City G- & Mulls	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a norphia of institution, give is travial instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Bernand Matte	
	St. Washing ton D. C.
(a) Residence: Nő. (Usual piace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Manual	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat	1 HEREBY CERTIFY, That I attended deceased from the sudden when the substitution of th
6 DATE OF RIRTH (month, day, and year) 200/15, 1905	I last saw being Give and Cet 12, 1931; daeth is said
6. DATE OF BIRTH (month, day, end year) 10 (5, 1905) 7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et 5.45.7m.
25 10 27 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular	Date of onset
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Fraction of skule 10/1231
9. Industry or business in which work was done, es SILK MILL, Brank, etc	due to accidental collision,
10. Date deceased lest worked et 11. Total time (years)	of the hand tellephone polls
this occupation (month and the MSI spant in this occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Long altorn	Ottiger Contributory Causes of Importance.
(State or country) Md	
13. NAME augus Ma thingly 14. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(built of bound))	What test confirmed diagnosis?
15. MAIDEN NAME Coffy Cryer 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[Stata or country]	Where did injury occur? Proceed Medical St. Many Control Medical St. Ma
- (State of County)	(Specify city or town, county and State) Specify whether Injury occurred in tNDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT CALL CALLED AND CAL	on sablic road while droing truck
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury truck atmick to fresham park
Place It alogues Instag Date Oct 14 , 19 7.	Nature of injury Crushed shull
19. UNDERTAKER Lym C Mattengies	24. Was disease or injury in any way related to occupation of deceesed?
(Address) Lonardon me	If so, specify
20. FILED OF 12, 1931 Py Ben With	(Signed) M.D. (Address) Frest Brills Mr.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
217tt rodeter oots	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PURRAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		(III)		
County St. morys.		Registration Dist. No. 280		
Village or City Halely	reorl	NoSt.,Ward		
Length of rasidence in city or town where deal		f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long In U.S. if of foreign birth? yrs. mos. ds.		
200	n occurred yrs.	os. now long in 0.3.11 of foleign bittingyisinosus		
2. FULL NAME / Mary	race Mi	eguleste		
(a) Residence: No.	(Usua place of abode)	Ward. If nonresident give city or town and State		
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5	OR DIVORCED (write the word)	21. DATE OF DEATH OF 9 . 193 /		
5a. If married, widowed, or divorced	sugu	(Month) (Day) (Year)		
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from		
	une 30	Del 9 , 1931, to Del 9 , 1981		
6. DATE OF BIRTH (month, day, and year)	1 1931	I last saw h. A alive on Co. 193/; death is said		
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at		
3	9 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were ps follows		
8. Trada, profession, or particular kind of work dona, as SPINNER,		(hotera to Janlum		
SAWYER, BOOKKEEPER, etc		-		
work was done, as SILK MILL, SAW MILL, BANK, atc.				
On Date deceased last worked at	11. Total tima (yaars)			
this occupation (month and year)	spent in this occupation			
12. BIRTIIPLACE (city or town). Hilly word		Other Contributory Causes of importance;		
(State or country)	mil			
13. NAME Lose ph, h	rei hinaski			
14, BIRTHPLACE (city or town)	efeore	Neme of operation Date of		
(State or country)	my	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME EN C	psey,	23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME & C	el until	Accident, suicide, or homicide? Dato of injury 19		
(State or country)	mel	Where did injury occur?		
2 mine Con		(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE,		
17. INFORMANT	esul Mil			
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury		
Place St Johns Cerely	Date 001, 10 , 1931	Natura of injury		
19. UNDERTAKER Joseph, Mu	i'cineski	24. Was disease or injury In any way related to occupation of deceased?		
(Address)	theod by	If so, specify		
20, FILED	1	(Signed) A Valley M. B		

N. B.—WRITE PLAINE

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

FOR BINDING

MARGIN RESERVED

properly classified.

WITH UNFADING INK-THIS IS A PERMANENT

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

item of infor-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arlerioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-	. 0
WRITE PLACE VITH UNFADING INK-THIS IN	N. B.—Every Item of information should be carefully supplied. CIANS should state CAUSE OF DEATH in plain terms so
INK	ally s
ING	arefu H In
VFAD	be c
5 H	hould
VIT	Ion sl
2	mati
	Info
E PI	n of
VRIT	Iter
>	Ever) CIAN
	W.
	Z

V. S. No. 1

PLACE OF DEATH County Manual (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME In-
2FULL NAME SMANN VASSISION	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) , 193/ (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE If LESS than day hrs. ds. or min.?	and that death occurred on the data stated above, at 1 m. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 2 OF FATHER (State or country) 12 MAIDEN NAME 13 MAIDEN NAME	Secondary (Duration) yrs mos de. (Sighed) M. D. (Sighed) M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sucidal or Homicidal.
12 MAIDEN NAME NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where the desired desired in the Stateyrsmosds.
(Informant) (Address) (Address) Filed (Informant) (Aggistrar	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS MUMUMUM
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise specification as any laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scream, Cook. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Forcman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons worked on may form part of the second statement For many occupations a single word or term on Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the Dispersion of Cause of Death—Name, first, the Dispersion of Cause of Death—Name, first, the Dispersion of Cause Causing Death—Name affection with respect to time and causation), using always the same actept of time and causation), using always the same actept of the term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, approved by Committee on Nomenclature of the American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." .carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "(Transition," "Heart failure, Haemorhage, "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be and consequences (e. g., sepsis, ," "Coma," "Convulsions, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No.
Tillage or City Muchamerrellino.	St.: Ward) (If death occurred in
2FULL NAME Citheune Elizabeth	Ryel street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Oct 7-2, 193/ (Month) Oct (Day) 22 (Year) 93/
DATE OF BIRTH Let. 2, 1907 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 15 1931, to Oct 22, 1931, that I last saw h Walive on Oct 22, 193,
AGE (Month) (Day) (Tear)	and that death occurred on the date stated above, at 12.30 Pm.
24 yrs. 6 mos. 20 ds. or min.?	The CAUSE OF DEATH * was as follows: Myorardits - Usule Cardiac
OCCUPATION (a) Trade, profession or particular kind of work	aflatian -
(b) General nature of industry business, or establishment in which employed or (employer) Houseunfe	(Durstion) yrs. mos. ds.
BIRTHPLACE (State or country) Marylan &	Contributory Secondary Secondary (Durstion) yrs mos ds.
10 NAME OF FATHER Down Wood	(Signed) Alapsis C. Wilch M. D. Oct 23 190 (Address) Chaptios M. D.
11 BIRTHPLACE OF FATHER (State or country) Manyland	*State the Disease Causing Dath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Bessie Classeth Reherton	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Everand Rice	Former or usual residence
(Address) Mechanicsville M	St. Joseph's Cemetary oct 24, 1931
Filed oct 22 1923/ Konn Dockown Registrar	Elmer Jorbae Mechanismalle his

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). er," etc., without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womfulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housecn at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (secondary unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) affection need not be ss important. Example: Measles (disease " "Coma," "Convulsions, Nomenclature

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		12232
St. act	PLACE OF DEATH	STATE OF MARYLAND
PHY EX	County Sf. Mary S	CERTIFICATE OF DEATH
, jed.		Registration Dist. No. 2 8 6
EXACTLY, Py classified.	Village or City Made Cola Sec	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
stated EXA properly cl		
state prop	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ould be st may be pr n back of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED. OR OIVORCED (Write the word)	16 DATE OF DEATH 3 , 198 (Month) (Day) (Year)
H E + 0	(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 198 f. to 0 3 , 198 f. that I last saw h alive on 0 3 , 198 f.
lied. ACE ams so that netructions	7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 0508 m. The CAUSE OF DEATH * was as follows:
y supp	8 OCCUPATION (a) Trade, profession or four formular kind of work formular kind of kind of kind kind of kind o	Hall nemme
refull in pla rtant.	husiness, or establishment in which employed or (employer)	(Duration) yrs. mos. 3 ds.
be carefu EATH in Importar	9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) Lyre mos de.
F D	10 NAME OF FATHER Lyander Davis	(Signed) 1911 , Calism M. D.
ON SHO	UN BIRTHPLAGE OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
matice CA	of Mother Wary Sleaw	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
f Inford stat	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds, Stateyrsmosds, Where was disease contracted,
tem of should of ent of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
NS NS	(Address) Wastolf V	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 10-6-, 1934
CIA Stat	Filed 0 - 4 - 1931 N. V. Calum Registrar	a C. Well Chaptes
(2)	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. I

REVISED UNITED STATES CERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., Wilhour inverted mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engincer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, (b) first line will be sufficient, e.g., Farmer or Planter, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, c. If the occu,
n account of the DISEAS.
Ation at beginning of illness. It rest that fact may be indicated thus; Farmer (s).
For persons who have no occupation and the persons and the persons and the persons are acceptable to the persons and the persons are acceptable to the persons are acceptable t who are engaged in the duties of the Stationary fireman, etc. But in many (a) the kind of work and also (b) the Automobile factory. The Locomotive engineer, (b) Grocery, material

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept pneumonia, Bronchopneumonia ("Pneumonia,

> (Recommendations on statement of cause of American Medical Association.) telanus) may be stated under the head of "contributory." approved by Committee on accident; Revolver wound of head-homicide; Poisoned by "(Exhaustion," "Heart lanure, land Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY for malignant neoplasms); Chronic Example: Measles (disease affection etc. The contributory valvular heart disease; Nomenclature Always qualify all need Measles; not be

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 3 SEX OR DIVORCED (Write the word) ay I HEREBY CERTIFY, That I attended the 6 DATE OF BIRTH (Year) and that death occured on the date stated above, IIf LESS than 7 AGE The CAUSE OF DEATH * was as follows: I day hrs. HIL ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry (Duration)yrs..... mos..... business, or establishment in which employed or (employer) Contributory Secondary 9 BIRTHPLACE MARGIN (State or country) 10 NAME OF FATHER (Address) 0 00 11 BIRTHPLACE *State the Disease Causing Death, or, In deaths from OF FATHER Violent Causes, state (1) Means of Unjury and (2) whether OZ (State or country) Accidental, Suicidal or Homicidal. CAU 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transœ OF MOTHER 4 ients or Recent Residents) stato CCUP/ In the At place 13 BIRTHPLACE of death yrs mos ds. OF MOTHER Where was disease contracted, (State or country) 00 if not at place of death?..... BEST OF MY KNOWLEDGE shoul usual residence..... statement BURIAL OR REMOVAL ഗ EVELY (Address) If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, Housemuid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, Farm laborer, Laboreryrs). without more precise specification as Day who are engaged in the duties of the For persons who have no occupation -Coul mine, etc. Locomolive engineer, not gainfully em-(6) Grocery; Wom-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

letanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. ". Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" ("Congenital," "Senile," ctc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-utic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, inges, peritonacum, etc., Carcinoma, Sareoma,, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Menslus; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as can be ascertained as the cause. approved by (Recommendations on statement of eause of as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. State eause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Chronic etc. The contributory valvular Nomenclature Always qualify all heart discuse; of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the cartificate is permanently filed.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
TO THE STATE OF TH			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH	STATE OF MARYLAND
County III. Many	CERTIFICATE OF DEATH Registration Dist. No. 282
Village or Cit Hally 2000 (No.	St.: Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, Order WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH Mar. 31 , 1857	that I last saw h _ alive on Och 21 , 1931.
(Month) (Day) (Year)	I STATE OF THE STA
7 AGE	
84 yrs. 7 mos. 2 Vds. or min.	
B OCCUPATION (a) Trade, profession or particular kind of work	Chromo Mejshritis
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds
9 BIRTHPLACE (State or country) MA.	Contributory Secondary (Duration) / yrs mos ds
10 NAME OF LEW Workington Miller	(Signed) Taus G. Damales M. D.
OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHERMAN Chica Trelluve	BLENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State yrs ds. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Jo- P. Willauin	Former or usual residence.
(Address) Hully word	19 PLACE OF BURIAL OR REMOVAL 10/74, 19
Filed 10/2 3 19231 Causleis Registrar	20 UNDERTHER Many Conceder
if more blanks are needed, address State Registra	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very im ortant, so that the relative health state occupation at beginning cfillness. If retired from er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write Nonc. Housemaid, etc. first line will be sufficient, e. g.. Farmer or Planter, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, (b) Cotton mill; (a) Salcsman. without more precise specification as Day If the occupation has been changed Laborer-Coal mine, etc. Locomotive engineer, (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic, "Atrophy." "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Whooping cough; Chronic valvular heart discuse; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measlew, inges, peritonacum, etc., Carcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underas fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway trainapproved by Committee on Nomenclature (Recommendations on statement of cause of death American Medical Association.) Example: Measles (disease The nature of the injury affection need not be

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